



# Authorization for Prescription and Non-Prescription Medication

**The only prescription medications administered will be epi pens, nebulizer medications and bronchial inhalers.**

**Prescription medications** must be in the original container labeled by a pharmacy or physician with the child's name, name of physician, medication name, dosage instructions and expiration date. Parents must also attach the **side effect brochure** that is provided when the prescription is filled.

**The only non prescription medications administered will be sunscreen, bug repellent, diaper cream and lip balm.**

Even though this center is not required to administer medication, we will extend the service as a courtesy providing the medication meets the requirements above, this document is signed by the parent or legal guardian, and the side effect brochure is attached. Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

**Child's Name:** \_\_\_\_\_ Age: \_\_\_\_\_  
First Last

**1) Medication Name:** \_\_\_\_\_  
Amount to be given: \_\_\_\_\_ When to be given: \_\_\_\_\_  
Expiration date on bottle: \_\_\_\_\_ Date medication started: \_\_\_\_\_

**Record of Medication Given**

<u>Date and Time</u>	<u>Amount</u>	<u>Employee</u>

**2) Medication Name:** \_\_\_\_\_  
Amount to be given: \_\_\_\_\_ When to be given: \_\_\_\_\_  
Expiration date on bottle: \_\_\_\_\_ Date medication started: \_\_\_\_\_

**Record of Medication Given**

<u>Date and Time</u>	<u>Amount</u>	<u>Employee</u>

***This authorization form must be maintained and is only valid for the duration of the prescription.***

I hereby give permission to administer the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date